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# THE FAMILY CONSULTANT SERVICE WITH THE LONDON POLICE FORCE A PRESCRIPTIVE PACKAGE

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## FOREWORD

> "... If we are to experience a measure of improvement in the treatment and prevention of the varied and somewhat complex behavourial problems confronting the Police and the myriad of Social Agencies in modern day society, then the 'challenge of the future' is for a new and more meaningful approach to these problems. We must not only continue the traditional patterns of service and treatment, but must reinforce these by devising new methods of attacking old problems during their early development or period of onset.
>
> One of the problems confronting society today is the emphasis on remedial forms of treatment or service with little or no corresponding emphasis being directed towards the preventative aspects of the problem.
>
> Walter Johnson, 1970.

This prescriptive package will be of interest to the police practitioner and social worker researching alternative Family Consultant Intervention techniques. The research reported herein supports the theoretical hypothesis of the importance of immediacy in crisis intervention, a fact not readily accepted in 1970 when the London project commenced. It demonstrates that the more immediate the intervention the greater the possibility of alleviating stress and long-term psychological damage to the individual or family. It is a preventative strategy which links the skills of the mental health professionals with the functional skills of police officers who have a mandate to respond to family crisis calls.

The Police Executive considering the implementation of a similar program within his Force would be well advised to consider the following steps, which I consider to be prerequisite to a successful program:

(a) CONSULTATION - Where there is a perceived need for a family consultant program in a given community, the police professionals in consultation with mental health specialists should research the available literature on the subject to develop a conceptual model for their own community. Forces having established programs should be visited, to gain first hand knowledge.

(b) POLICE ACCEPTANCE - Where a Family Consultant Program is to be introduced into a police force it is essential that the Chief and senior officers, by their affirmative action and enthusiasm, endorse the program and make this fact known to all ranks within the Force. In the absence of such support the program will fail.

(c) TRAINING - A staff training program involving police and mental health professionals is essential, and will assist the police executive to interpret to his force both the purpose of the program and the concepts and values to be derived therefrom.

I wish to convey my personal gratitude to the Richard and Jean Ivey Foundation and Donner Canadian Foundation for the initial funding that made possible the introduction of the Family Consultant Program in the London Force:

To the Ministry of the Solicitor General (Ontario) I acknowledge financial assistance during the early stages of the project, and to the Ministry of the Solicitor General (Canada): the continuing support of research.

To Dr. Willard Reitz, Dr. Peter Jaffe, and Judy Thompson (Research Coordinator) my heartfelt thanks and appreciation for their enthusiastic support and counsel which has greatly enhanced the development of this Program;

To the Project staff for their skill and dedication with special tribute to those involved throughout the development of the service; Rosemary Broemling, Jim Rae, and Elaine Robertson;

To the members of the Force who continue to effectively utilize the resources of the Family Consultant Program I am also grateful; and

To the Members of the Management Committee and the Advisory Council I extend my gratitude for their continuing support.

Walter T. Johnson
Chief of Police

## CHAPTER I

### THE FAMILY CONSULTANT SERVICE: A Description

The Family Consultant Service with the London Police Force is a special civilian branch of the police that handles a wide variety of human crises. The FCS is in its tenth year of operation and receives today the same broad community support and enthusiasm that was evident when the program was initiated.

The Family Consultants, all with extensive backgrounds in the mental health/social service field, work from an office in police headquarters and are equipped with a police radio and unmarked vehicle. They are available around the clock, seven days a week. The initial focus of the program was on family dispute calls and crisis intervention. However, the consultants respond to a range of human crises that include children's behaviour, depressed and suicidal individuals, and death.

The program is called a "consultant" service because of the mandate to be consultants or advisors to police officers. In almost all calls the police officer responds to the initial request for assistance and then decides whether or not to involve the Family Consultants. The Consultants provide immediate counselling and, where appropriate, make referrals to community agencies for ongoing service.

The Family Consultant Service was born out of discussions between Walter Johnson, presently Chief of Police, and Dr. Willard Reitz, Director of the Graduate Program in Clinical Psychology at the University of Western Ontario in 1970. Johnson's concerns at that time centered on the extensive demands on his officers to deal with domestic disturbances (family fights) as well as the limited availability of mental health-

social service assistance. Family problems in London, as in most North American cities, were at their worst on evenings and weekends when other community agencies were least available. The program developed by Reitz and Johnson involved training all members of the police force in family crisis intervention techniques during 1971, and providing a special civilian unit (the FCS) in 1972 to support and augment this training.

The Family Consultants represent a unique structure within the London Police Force. A senior consultant, the Service Co-ordinator, is responsible for the daily management of the program and is accountable to the Chief of Police through the Superintendent of the Uniform Division. The Chief is Chairman of a Management Committee composed of laypersons and senior administrators from agencies actively involved in program development. The Management Committee meets regularly to be advised of the Family Consultant activities and future plans. This committee reports annually to the Police Commission. In addition, through their Advisory Council the Family Consultants enjoy the advice and support of over two dozen health, social service, and legal professionals. The Advisory Council meets regularly and reports to the Management Committee. These structures protect the unique role of the Family Consultant Service and recognize the invaluable support and ideas available from other professions and human service agencies.

The consultants make about 1400 calls per year, with the majority of cases being referred from the uniform division of the police force. The location of the intervention is about evenly divided between the family home and police headquarters.

Although family disputes provided the impetus for the program, only one third of the referrals to the family consultants are domestic disturbances (a call originating from a verbal or

physical conflict between people in the same household). In almost one quarter of these cases problems related to separation or divorce provoke the call to the police. One third of the referrals involve cases dealing with children. These interventions can originate from children's delinquencies or from neglect and abuse by parents. The remaining third of family consultant interventions represent a broad range of crises that include alcohol/drug abuse, depression and other emotional problems, community adjustment of the aged, and individuals engaging in behaviour dangerous to themselves or others.

In approximately thirty-three percent of the interventions, crisis counselling alone resolves matters as much as possible, and further action is unnecessary. In approximately twenty percent of cases, the consultants follow-up their crisis counselling by referring the family to a community agency for ongoing service. In another twenty-five percent of cases the family is already involved in some form of counselling with a local service, and the consultants' task is to contact the professional handling the case. Information about family interactions at a time of crisis is often invaluable to community agency personnel who are more accustomed to seeing clients on their best behaviour, i.e., Monday to Friday, 9 a.m. to 5 p.m. Other crises are resolved through psychiatric assessment for admission to local hospitals (10%) and referrals to lawyers, family physicians, clergy, or a justice of the peace (10%).

In less than one case in twenty does the family consultant find that the family is unmotivated toward any form of intervention. This rate has been decreasing over the past ten years, reflecting the police officers' ability to screen out inappropriate clients.

It is important to note that the Family Consultants do not provide formal diversion from the justice system. In more than ten percent of cases, charges have been laid or are pending arising out of the incident that led to the police and family consultant intervention. Since May, 1981, the London Police Force has followed an explicit policy that family violence will result in charges being laid directly by the police, rather than leaving the onus on the victim to lay private charges.

## CHAPTER II

### THE FAMILY CONSULTANT SERVICE: The Rationale

The need for a Family Consultant Service is based on trends apparent in both police work and the mental health profession. Foremost is the recognition that the police in any urban community are the only fully mobile 24-hour social service. The public places heavy demands on police forces to respond to many situations that do not fit the traditional mold of crime prevention and law enforcement. Family disturbances are among the most common calls for police officers, although this area receives little attention in police training and limited community support or understanding. It is widely accepted that family disturbances are among the most potentially dangerous interventions for police officers. It is also well known that the majority of homicides in Canadian society occur within families.

In developing the Family Consultant Service, the London Police Force recognized the importance of designing an effective response to family crises. Aside from the issues of potential danger to officers and family members, the Chief of Police was concerned about the excessive time spent on these calls, well as the frustration of officers repeatedly called back to the same

unresolved disputes. Another major source of police frustration was the fact that most "experts" in family conflicts were unavailable at the most crucial hours--after 5 p.m. and on weekends.

The Family Consultant Service was created as a response to these problems. The program was designed as a special civilian branch of the police force. The basic choices in initiating the program, based on the available research in this field, were either a generalist model in which all police officers would be trained in family crisis intervention, or a specialist model in which a designated group of officers (such as in a Youth Bureau) would be responsible for family crisis intervention.

A decision was made to combine these concepts by training all officers in crisis intervention techniques, and by creating a special unit of civilians with expertise in crisis counselling. The advantages of this model include: easy access for police officers to family consultants, ongoing reinforcement of the principles received in basic training, prevention of further fragmentation or elitism by more police specialists, and improvement of communication and coordination with other helping professionals and their agencies.

Another important premise on which the program was founded was the extent to which effective "help" could be offered to a family at a time of crisis. A body of knowledge has been developed in the mental health field about individual response to extreme stress and disorganization. This "crisis theory" suggests that individuals are most open to changing their maladaptive behaviour and attitudes at a time of crisis. Basic psychological defenses against change are most vulnerable at a point when the reality of their problems is undeniable. Counselling

provided at this crisis point can resolve not only immediate difficulties but also lends itself to the development of new coping strategies for future crises. The family consultants' task is to make themselves immediately available to families at the time of greatest need and perhaps at the peak of openness to change.

The London Police Force chose the "family oriented" intervention model for several reasons. The family is the basic social unit, vital to individual development and ongoing emotional support. The service provided by the family consultant is intended to identify areas of strength and support in a family system. An attempt is made to understand each individual's problems of emotional adjustment within a family context. This philosophy, it is hoped, can lead to the prevention of future crises or to a natural (family) support system to assist in coping with these situations. A concrete example of this philosophy is an intervention with aggressive or violent adolescents who can be best understood in the context of their families and the violence that has been either modeled or reinforced by their parents.

The Family Consultant Service was not based on the illusion that all the family problems brought to the attention of the police could be solved. At worst, police officers would be assisted in coping with frustrating and demanding domestic disturbances. The officers learned that not all situations were hopeless and that some help was available. The interventions by the family consultant could provide meaningful resolution of serious family difficulties. At best, by being in the right place at the right time, the consultant could reduce or eliminate the causes of family conflicts.

## CHAPTER III

## ESSENTIAL INGREDIENTS OF A FAMILY CONSULTANT SERVICE

Over the past decade, there has been much speculation about the elements of the Family Consultant Service that have contributed most to the success of the program. It is difficult to identify each ingredient and the relative effect upon the program. The following list of program ingredients is based on the opinions of different individuals involved with the F.C.S.:

1. Police Acceptance: The need for the program was initially asserted by senior police personnel. Throughout the early development of the program there was a strong committment and belief in the value of the service. The Chief of Police supported the program. Criticism was minimal and when it occurred was refocused as constructive comment.

2. Police Training: The initial training[1] of all police officers in family crisis intervention increased police awareness of the "social work" role of the force and the need to seek more creative solutions for domestic disturbances. The training provided a foundation for acceptance of the Family Consultant Service.

3. Minimal Publicity: The program was developed with little media fanfare. This factor allowed the service to start gradually with minimal public expectation of an overnight success.

4. Community Support: Considerable groundwork was completed with various community agencies and mental health/social service professionals, to ensure acceptance of the program. Different agencies were involved in the training session for

the police officers, and procedures were arranged to facilitate referrals from the police force. The program has facilitated increased understanding between police and mental health professionals.

5. Focus on Program on Officers: From the first day of the Family Consultant Service, it was made clear that the program must meet the needs of the police officers. The consultants were to assist the officers in providing helpful interventions for families in crisis. There were no formal guidelines to identify cases which would be handled by the consultant. Each officer was left to his own discretion and awareness of his own strenghts and needs in responding to domestic disturbances or other crises.

6. Accessibility & Availability of Consultants: The consultants' availability on weekends and evenings as well as their mobility made them responsive to police officers when they were needed. Communication with officers was facilitated by a portable radio and an office in police headquarters. Throughout the history of the program, the consultants have made themselves available to provide advice. For example, much informal training takes place in the headquarters cafeteria.

7. Information to Officers: The consultants reinforce each officer's referrals by providing information on the outcome of the intervention shortly after the case is completed. The officers appreciate the information confirming actions the consultants have taken. This can shape the appropriateness of future referrals from the officers or the officer's ability to handle similar cases on their own.

8. Research and Evaluation: Throughout the program there has been a research component (made possible most recently by the Solicitor General of Canada.) The research monitored the progress of the program. The research also was helpful in validating the efforts of the consultants, and in indicating which clients could best be served by which community agencies.

9. Staff Selection: The family consultants represent a very special type of "helping" professional. They have been selected carefully on the basis of knowledge of community resources; ability to handle shiftwork, high levels of stress, and short-term involvement with clients; ability to communicate with police officers without utilizing professional jargon; respect for the police role in society (without being a "frustrated" police officer); and background education and experience in the mental health/social service field. The consultants all have a high degree of commitment to the task and take considerable pride in their work. There has been little turnover. There is an ongoing attempt to find ways to enhance service to clients, and to seek innovations either organizationally or within the community.

10. Funding Stability: For over six years, the Family Consultants have been funded by the London Police Commission as a permanent, integral part of the police force. This stability has created an atmosphere of job security which allows the staff to focus on the stressful demands of the work. The consultants are highly accountable for their activities by regular reports to the Advisory Council, Management Board and Police Commission.

**CHAPTER IV**

RESEARCH & EVALUATION: Major Findings and Problems

Throughout the history of the FCS, the police force has made a strong commitment to evaluate the program. The research efforts were focused on data which could measure the effectiveness of the program or which could provide a better understanding of topics such as family violence.

Each piece of research has posed major problems. For example, to examine the long-term benefits of the family consultant intervention, efforts were made to track down families three years after their police contacts. Less than half the families could be located, and less than half of these agreed to be interviewed. Finding an appropriate control group was a serious problem because the officers referred the more serious problem cases to the FCS. A detailed study on community cost-benefit analysis for the program was planned, but information on the costs of mental health and social service agencies was difficult to obtain. The major findings are as follows:[2]

1. The London Police Force survey indicated that there was overwhelming support for the FCS program. Overall, the officers believe that the program made them more aware of mental health issues and increased their communication with other community services.

2. The survey completed with community agencies suggested that the FCS was perceived as a vital service, essential to the police force and community. The FCS was described as a bridge between police and mental health professionals.

3. The FCS led to a decrease in overall domestic disturbances and in particular to a decrease in the number of "chronic" callers.

4. The research demonstrated that there was a significant risk of family violence with each repeated police intervention. This finding stressed the importance of preventing repeated domestic disturbances.

5. The probability of families accepting appointments with community agencies was significantly related to how quickly the agency would contact the family after a police intervention. Approximately 80% of the FCS clients kept their appointments if they were contacted within 24 hours of the police intervention. Only 20% of the FCS clients kept appointments if the agency waited more than a week to follow up the police referral. (This finding supports crisis theory, discussed earlier in Chapter II.)

6. Over the history of the program, community agencies gradually responded faster to FCS referrals. Agencies indicated that they believed the referrals to be appropriate and changed their administrative procedures to become more responsive to clients.

7. The police officers tended to refer the most disturbed families and children to the FCS, while handling the less disturbed individuals themselves. Standard checklists indicating family problems demonstrated that the officers utilized excellent judgment and good diagnostic skills in making referrals.

8. Based on a small sample of clients on a three-year follow-up, FCS clients demonstrated significant progress in family communication--resolving conflicts by more peaceful means--

and a reduced level of disturbance among the children. This significant change was greater than for families handled only by the police (as mentioned earlier there were initial differences, with the FCS clients being more disturbed).

## CHAPTER V

## EVERY COMMUNITY IS DIFFERENT

The discussion on how to plan and implement similar police family crisis intervention programs in other communities should be prefaced with several cautions. Every police force has different strengths and resources. The London FCS program may not be the optimal or most effective program for every community and therefore there must be sensitivity to the regional characteristics and issues in the generalization of London findings to other locations. The following is an outline of concerns and considerations in developing the most appropriate family crisis intervention program for a police force:

1. London is an urban centre with a population of one quarter million and a complement of 300 sworn personnel on the police force. The population is basically middle class. Larger urban centres may be able to develop similar specialized branches, such as the FCS, within each precinct zone or planning area. In smaller communities, the vital component in programming may rest in an effective training program as well as closer collaboration with the mental health centre and volunteer programs in the vicinity.

2. A critical component in the FCS program has been the daily exposure of the police officers to the consultants through regular informal contact. The involvement of aggressive and flexible mental health professionals in a police force lends

itself to a better understanding between the two groups. An awareness that many social problems can only be modified by close collaboration has subsequently developed.

3. Cost effectiveness is a necessary measure of the advantages of a specialized crisis unit. Crucial to this analysis is the definition of relevant costs and benefits. Costs can be defined as an increase in police budget figures, or more broadly, as costs to all facets of the community such as police, court, hospital and social service systems. If the focus is police costs, the major expense is the salaries of the crisis workers. In London, consultants have the equivalent salary scale of uniformed officers. This practice further reflects the integration of the service into the police force. Community costs are more difficult to assess, although estimates of typical costs per case can be determined for most major agencies or institutions.

In determining effectiveness, the goals and objectives of the program provide the most useful measure. Elements being analyzed in the London program are improved level of family or individual functioning, reduction of violence, decreased exposure of families to the mental health and criminal justice systems, more appropriate use of police and community resources by individuals and families, reduction in police calls, increased cooperation between police and social service professionals, increased job satisfaction for police officers by the provision of alternatives for problem families and provision of information on the outcome of their interventions, and an improved level of police effectiveness in domestic crisis management. By matching costs with these measures of effectiveness to police, community services and the client population, the viability and value of a crisis intervention unit is determined.

4. An appreciation of the lengthy time frame required for the development of specialized crisis units utilizing mental health professionals is an essential ingredient in the planning of similar programs. There was a five-year period between the conceptualization stage and the full functioning and acceptance of the FCS. The program organizers received funding through private donor foundations for the developmental phase, then provincial and federal government funding to demonstrate the model to other communities, and finally municipal funding as the program became an established branch of the London police force. The active community involvement in the ongoing support of the program is illustrated by the role of the Management Board and Advisory Council. Close collaboration with a university is important in the early development of the program. The relationship between the London Police Force and the University of Western Ontario is a model for other communities.

5. One of the crucial components in program development is the receptiveness of the police force--especially the chief and senior officers, to the idea of a consultant service. Many programs have died on the planning table because they were imposed on the force without the senior officers' full understanding and support. The FCS program grew in a fertile environment with tremendous support from the police chief. The support was spread throughout the force by the initial training program and informal contacts with the consultants.

6. Often community agencies can be road blocks to a successful program because of their lack of outreach to clients or their preference for a caseload of highly motivated individuals. Police officers and consultants act often as a social conscience for community agencies because they deal

primarily with complex and often violent family situations. In time, agencies, by their appreciation of how amenable families are to assistance at a time of crisis, can be more receptive to families with a "lower" level of functioning. Communities with active mental health/social service agencies, which reach out to problematic families and individuals, facilitate the implementation and development of an effective crisis intervention program.

7. A major factor in the success of a special crisis unit is the selection of staff. These individuals must be resourceful, flexible, and committed, with the skills to understand and communicate well with police officers and psychiatrists.

8. The London Family Consultant Service provides a framework for the planning of a similar project. However, the London crisis unit need not be transposed in its entirety to another community. Through active discussions and the sharing of concerns and experience, the elements of the program that were most effective in London can be designed to meet the needs of other police forces and communities.

## CHAPTER VI

## CONCLUSIONS

1) The London Police Force data indicate the crucial role of urban police officers in handling family crises. A significant proportion of all calls for police service involve domestic disputes with complex underlying causes. The disputes occur at times when the community is least prepared to provide mental health and social service support.

2) The London Police Force has demonstrated the value of a program directed to improving officers' skills in domestic crisis management. The program is a "generalist" model, in that each officer received training in crisis intervention. The program included a special civilian branch of the force that consulted with officers dealing with domestic crisis calls. The unit facilitated co-operation between police and social service agencies. The FCS program was viewed favourably by both police officers and community agencies.

3) The FCS program had a beneficial impact on all of the police officers. The service heightened officer awareness of family problems and provided a wider range of alternatives for dealing with domestic disturbances and other mental health crises. The flexibility and accessibility of the consultants for contact with the officers allowed for an ongoing informal training program for the police without a significant change to regular patrol duties or police procedures.

4) The FCS program has demonstrated a reduction of police calls and police time to families who have chronic disturbances. The importance of preventing recidivism is emphasized by the fact that the probability of violence (assaults) increases with the increased number of police calls.

5) The FCS program demonstrates the vital need for close co-operation between police, social service and mental health agencies. A high proportion of police "clients" are already involved in the social welfare system, and close police collaboration with other agencies is required to assist families in crisis. The importance of immediate agency response to police referrals was emphasized by findings that the sooner that agencies contacted families referred to them after a crisis, the more likely the family was to follow through on agency interviews.

6) The FCS program illustrates the importance of having research and program evaluation as an integral aspect of planning a police family crisis intervention program. The research played a major role in shaping the program and provided continuous data on the extent to which the program met its stated objectives. The research also provided findings that were valuable for the service delivery planning of community agencies.

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